

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of PLUMMER R. COLLINS and U.S. POSTAL SERVICE,  
POST OFFICE, St. Louis, MO

*Docket No. 98-1850; Submitted on the Record;  
Issued February 24, 2000*

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DECISION and ORDER

Before MICHAEL J. WALSH, GEORGE E. RIVERS,  
DAVID S. GERSON

The issue is whether appellant has met his burden of proof in establishing that his torn rotator cuff is causally related to the September 21, 1995 employment injury.

The Board has duly reviewed the case record and finds that appellant has not established that his torn rotator cuff is causally related to the September 21, 1995 employment injury.

An employee seeking benefits under the Federal Employees' Compensation Act has the burden of establishing the essential elements of his or her claim including the fact that the individual is an "employee of the United States" within the meaning of the Act, that the claim was filed within the applicable time limitation of the Act, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed is causally related to the employment injury.<sup>1</sup> These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or occupational disease.<sup>2</sup>

The medical evidence required to establish a causal relationship, generally, is rationalized medical evidence. Rationalized medical evidence is medical evidence, which includes a physician's rationalized medical opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.<sup>3</sup>

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<sup>1</sup> *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>2</sup> *Daniel J. Overfield*, 42 ECAB 718, 721 (1991).

<sup>3</sup> *Gary L. Fowler*, 45 ECAB 365, 371 (1994); *Ern Reynolds*, 45 ECAB 690, 695 (1994).

On January 31, 1997 appellant, then a 47-year-old letter carrier, filed a notice of an occupational disease, Form CA-2, alleging that on August 21, 1995, he became aware that he tore his rotator cuff. Appellant first sought medical treatment and reported the condition to his supervisor on January 16, 1997. In an attached statement, appellant stated that the incident happened on August 21, 1995 while delivering mail and he slipped, landing on his right elbow and jarring his right shoulder and buttocks “with an excruciatingly painful jolt.” Appellant found that his work at the employing establishment, which involved pushing tubs of mail repeatedly jarred his shoulder and his shoulder condition worsened until he sought treatment. Appellant stated that at first he thought that his condition might be arthritis.

A magnetic resonance imaging (MRI) scan performed on January 23, 1997 showed a rotator cuff tear and impingement.

On September 22, 1995 appellant filed a claim for a traumatic injury, Form CA-1, which was received by the Office of Workers’ Compensation Programs on March 18, 1997, alleging that on September 21, 1995 he injured himself when he slipped and fell.

A form from Dr. William G. Quinn, appellant’s treating physician and a Board-certified orthopedic surgeon, dated January 16, 1997 diagnosed nonwork-related impingement syndrome and placed work restrictions on appellant.

By letter dated April 11, 1997, the Office advised appellant that additional evidence was necessary to establish his claim.

Appellant submitted progress notes dated from January 22 through April 10, 1997 and a report from Dr. Quinn dated January 16, 1997 in which he stated that appellant stated that there was no distinct injury but he performed frequent repetitive overhead motion on his job.

By letter dated May 7, 1997, appellant stated that he mistakenly put August 21, 1995 as the date of injury on the Form CA-2. He stated that other than his federal employment, he had a part-time job weighing meats and salads, bagging and using an electric slicer.

By decision dated May 16, 1997, the Office denied the claim, stating that appellant did not establish that his medical condition was caused by the September 21, 1995 event.

By letter dated June 24, 1997, appellant requested reconsideration of the Office’s decision and submitted a report from Dr. Quinn dated June 4, 1997. In his report, Dr. Quinn stated that he treated appellant for his right shoulder since January 16, 1997 and that appellant had a torn rotator cuff for which he underwent surgery on February 3, 1997. He stated that appellant stated that his symptoms began on September 21, 1995 when he slipped and fell while delivering mail on a wet porch and landed directly on his arm. Dr. Quinn stated that appellant’s symptoms were worse with the frequent overhead use of his arm at work. He stated:

“His history and the physical findings of a tear of his rotator cuff at the time of surgery are causally related in my mind. I think that the rotator cuff was injured at the time of his fall and was aggravated by impingement with repetitive overhead use of his shoulder.”

By decision dated October 6, 1997, the Office denied appellant's request for modification.

Given that appellant did not seek medical treatment for his alleged September 21, 1995 employment injury until January 19, 1997, Dr. Quinn's June 24, 1997 report in which he stated that appellant's torn rotator cuff and surgery is causally related to the September 21, 1995 employment injury, is not sufficiently rationalized to establish the requisite causation. He does not rationally explain the development of a rotator cuff tear over the span of time from September 21, 1995 to January 19, 1997, *i.e.*, more than a year and there is no bridging medical evidence to establish the causal connection. The progress notes appellant submitted dated from January to May 1997 do not address causation. There is also some question as to whether the alleged September 21, 1995 employment injury actually occurred due to the long time lapse in appellant's reporting the injury and seeking medical treatment and the fact that in his January 16, 1997 report, Dr. Quinn stated that appellant stated that there was no distinct injury. In his January 16, 1997 form, Dr. Quinn stated that appellant had nonwork-related impingement syndrome. Thus, there are some discrepancies in Dr. Quinn's opinion, which detracts from its credibility. Although the Office advised appellant of the evidence necessary to establish his claim, appellant did not submit the requisite evidence. He, therefore, has failed to establish that his torn rotator cuff is causally related to the September 21, 1995 employment injury.

The decision of the Office of Workers' Compensation Programs dated October 6, 1997 is hereby affirmed.

Dated, Washington, D.C.  
February 24, 2000

Michael J. Walsh  
Chairman

George E. Rivers  
Member

David S. Gerson  
Member